

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10549989

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11	1					
12	1					
13		1				
14		2				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21	1					
22	1					
23		1				
24		2				
25		0				
26		0				
27		0				
28		0				
29		0				
30	1					
31	1					
32		1				
33		2				
34		0				
35		0				
36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42	1					
43	1					
44		1				
45		2				
46		0				
47		0				
48		0				
49		0				
50		0				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54	1					
55		0				
56			1			
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
64				1		
65				1		
66			1			
67				1		
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	10	↓	2	↓		↓
TOTAL DEP.	50	←	18	←		←
TOTAL CLAIMS	60		20			